

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38096

FILED  
Mar 27, 2009  
Secretary of State

**Entity Name:** HIGHLANDS COUNTY CITRUS GROWERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6419 US 27 SOUTH  
SEBRING, FL 33876 US

**New Principal Place of Business:**

**Current Mailing Address:**

6419 US 27 SOUTH  
SEBRING, FL 33876 US

**New Mailing Address:**

**FEI Number:** 59-3005931

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARRIS, BERT J III  
401 DAL HALL BLVD  
LAKE PLACID, FL 33852 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SMOAK, MASON  
Address: 1025 CR 17 NORTH  
City-St-Zip: LAKE PLACID, FL 33852

Title: VPD ( ) Delete  
Name: BARBEN, BOBBY  
Address: 21 E. PINE STREET  
City-St-Zip: AVON PARK, FL 33825

Title: TD ( ) Delete  
Name: MATTHEWS, CURT  
Address: 1120 S. JEFFERSON AVE.  
City-St-Zip: LAKE PLACID, FL 33852

Title: SD ( ) Delete  
Name: STEPEHNS, WIN  
Address: 2632 CHICAGO AVE.  
City-St-Zip: SEBRING, FL 33870

Title: ED ( ) Delete  
Name: ROYCE, RAYMOND  
Address: 6419 US HWY 27 SOUTH  
City-St-Zip: SEBRING, FL 33876

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SMITH, EMERY  
Address: PO BOX 127  
City-St-Zip: FROSTPROOF, FL 33843

Title: VPD (X) Change ( ) Addition  
Name: GOSE, JOHN  
Address: 7 LYKES ROAD  
City-St-Zip: LAKE PLACID, FL 33852

Title: TD (X) Change ( ) Addition  
Name: BISHOP, SUSIE  
Address: 2600 MARGUERITE ROAD  
City-St-Zip: SEBRING, FL 33870

Title: SD (X) Change ( ) Addition  
Name: CRUTCHFIELD, EARL JR.  
Address: 149 EAST CENTER AVENUE  
City-St-Zip: SEBRING, FL 33870

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND ROYCE

ED

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date